



FH  
[REDACTED]

**STATE OF WISCONSIN  
Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MGE/153391

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**PRELIMINARY RECITALS**

Pursuant to a petition filed November 07, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on December 10, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether Petitioner's Medicaid eligibility is correctly subject to meeting a deductible.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703  
By: Katherine May  
Milwaukee Enrollment Services  
1220 W Vliet St, Room 106  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

David D. Fleming  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner filed this hearing request to contest the imposition of a \$3403.98 Medicaid deductible for the period from November 1, 2013 through April 30, 2014. Petitioner's previous deductible was \$5713.98 for the period from May 1, 2013 through October 31, 2013 and he did meet that deductible.

3. Petitioner receives SSDI in the amount of \$1529.00 per month. After a \$20.00 personal allowance, and a support obligation of \$350.00 Petitioner's income ( $\$1529 - \$20.00 - \$350 = \$1159.00$ ) is compared to the MA income limit for one person (\$591.67). The excess monthly income, \$567.33 ( $\$1159 - \$591.67$ ), is multiplied by 6 to create the 6-month deductible of \$3403.98. The deductible period was initially established for the period from June 1, 2013 through November 30, 2013.

### **DISCUSSION**

When a person receives SSI they are typically eligible for Medicaid (MA). That is not true for recipients of Social Security Disability Income or retirement income; while the elderly and disabled are typically nonfinancial eligible for MA those individuals must still meet financial requirements. *See generally §49.47, Wis. Stats.*

When a person's income is over the MA income limit an MA deductible, also known as a spend down, must be met before eligibility begins, *See Wis. Stats. § 49.47(4)(c) 2; DHS § 103.08(2)(a), Wis. Adm. Code and Medicaid Eligibility Handbook (MEH), §§24.1 & 24.2.* The MA income limit for a one or two person household is \$591.67. *See MEH, §39.4.1.* MA deductibles are calculated for six-month periods. *See DHS § 103.08(2)(c), Wis. Adm. Code and MEH, § 20.2.0.* The deductible is met by incurring medical expenses that equal the dollar amount of the deductible. *MEH, §24.2.*

The rules and regulations governing the Medicaid program allow no exceptions and the Division of Hearings and Appeals does not have the authority to alter the law on this program. I have reviewed the agency's deductible calculations and do not find any errors in the new determination of a \$3403.98 deductible. Petitioner should submit all medical expenses that he incurs to the agency. This includes health insurance premiums.

Finally, Petitioner was also tested for MAPP eligibility but did not pursue that as the premium was \$300 per month. For informational purposes I include the following.

The Medicaid Purchase Plan (MAPP Medicaid Purchase Plan), part of the Wisconsin Medicaid Program, allows disabled people who are working or want to work to become or remain Medicaid eligible because of higher income limits. *Medicaid Eligibility Handbook (MEH), §26.1.* There are both financial and nonfinancial eligibility criteria that must be met. *MEH, §§26.3 & 26.4.* Among the nonfinancial criteria is the requirement that a person must be working in a paid position or participating in a Health and Employment Counseling (HEC) program in order to become MAPP eligible. *MEH, §26.3.4.* The work requirement can be suspended for up to six months where a person has an illness or hospitalization that prevents work. *MEH, §26.3.4.* A premium must be paid to receive MAPP benefits when income exceeds 150% of the Federal Poverty level. *MEH, §26.5.1.* For one person that is \$1396.25. *MEH, §39.5.*

### **CONCLUSIONS OF LAW**

That the agency correctly determined that Petitioner is required to meet a Medical Assistance deductible in the amount of \$3403.98 in order to be certified eligible for Medicaid.

**THEREFORE, it is**

**ORDERED**

That this appeal is dismissed.

### **REQUEST FOR A REHEARING**

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new

evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 23rd day of January, 2014

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\sDavid D. Fleming  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on January 23, 2014.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability